



# **Summer Youth Employment Program Application Packet**



**HOWARD COUNTY'S SUMMER YOUTH EMPLOYMENT PROGRAM IS.....**

An exciting opportunity for young people to get involved in activities that will help you achieve your career goals!

The Howard County Summer Youth Employment Program offers a 6 week valuable and meaningful summer paid employment opportunity for Howard County residents between the ages of 16 and 24 who meet eligibility requirements.

Howard County Youth ages 16-24 who meet these eligibility requirements may apply:

Documented disability including learning disability (IEP)

or

Income Eligibility (at or below poverty line) **AND**

- Foster Child
- Runaway
- Homeless Individual
- Pregnant or parenting Youth
- Offender
- Veteran or Veteran's Spouse

If you would like to be considered for the 2009 Summer Youth Employment Program, please complete the application form and submit appropriate documentation (See Attached Checklist). All paperwork must be completed. We have a limited number of spaces available and eligible applicants are considered on a first come, first serve basis.

Please note that employment is NOT guaranteed.

The deadline to receive applications is Friday, May 29<sup>th</sup> at 4p.m. This deadline will not be extended. Please complete summer youth application packet and return to:

Columbia Workforce Center  
c/o Ramona Andrews  
7161 Columbia Gateway Drive  
Suite D  
Columbia, MD 21046

*Ramona Andrews*

Howard County Youth Coordinator

# HOWARD COUNTY

## 2009 SUMMER YOUTH EMPLOYMENT PROGRAM



DATE: \_\_\_\_\_

Howard County  
Office of Workforce Development  
Columbia Workforce Center  
7161 Columbia Gateway Drive  
Suite-D  
Columbia, MD 21046  
410-290-2620

### Please Print

<b>Name:</b>  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(Last)</span> <span>(First)</span> <span>(Initial)</span> </div>		<b>Home Phone Number:</b>
		<b>Student Cell Phone:</b>
		<b>Student Email:</b>
<b>Address:</b>  <div style="text-align: center;">(Street and Apartment)</div>		<b>Parent Work Number:</b>
		<b>Parent Cell Number:</b>
		<b>Parent/Guardian Name:</b>
<div style="display: flex; justify-content: space-between;"> <span>(City)</span> <span>(State)</span> <span>(Zip)</span> </div>		<b>Parent/Guardian Email:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Sex:</b> 1 - Male        2 – Female	<b>Citizenship Status:</b> 1 - US Citizen   2 - Eligible Non-Citizen 9 - Non-Citizen	
<b>Selective Service Status:</b> 1 -Registered 2 -Not Registered   9 -Non Applicable	<b>Race/Ethnic Group:</b> 1 -White   2 -Black   3 -Hispanic 4 - Biracial   5 –Other _____	

### WORK HISTORY

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title and Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write below why you believe you would be a good employee and what skills and abilities you will bring to an employer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please circle one in each category**

How many members live in your household? \_\_\_\_\_

What is your family's income per year? (If you are under 18) \_\_\_\_\_

What is your income per year? (If you are 18 and over) \_\_\_\_\_

**Education Status:** 1-Drop out      2-Student      3-Graduate

Are you in Special Education Classes? Yes No

Do you have/had an Individual Education Plan (IEP Services)? Yes No

If yes, please explain the code \_\_\_\_\_

Do you have a disability? Yes No      If yes, please name the disability \_\_\_\_\_

Do you have allergies? Yes No      If yes, please list all allergies (i.e. bee stings, paint, grass, dust, etc.) \_\_\_\_\_

Are you in Foster Care? Yes No      Are you receiving assistance from Social Services? Yes No

If yes, please specify: 1-TCA      2-Medical Assistance      3-Foodstamps

Have you been involved with the Department of Juvenile Services or Police Department? Yes No

If yes, please explain: \_\_\_\_\_

Are you currently working with the Division of Rehabilitative Services? Yes No

If yes, who is your case worker: \_\_\_\_\_

From 6/29/09 – 8/7/09 will you be taking vacation, involved in a camp or need to miss work between the hours of 7 a.m. – 5 p.m.? Yes No      If yes, what dates/time will you need to miss work \_\_\_\_\_

Name of school you will be attending as of August 2009? \_\_\_\_\_

Do you have transportation? \_\_\_\_\_

If not how will you get to work? \_\_\_\_\_

I am able to work in:      ☐ Columbia      ☐ North Laurel      ☐ Ellicott City      ☐ Elkridge

Please check **all** that apply.      ☐ Other \_\_\_\_\_

What tasks would you like to do on a job? \_\_\_\_\_

What tasks are you not willing to do? \_\_\_\_\_

Where would you like to work? \_\_\_\_\_

**CERTIFICATION:** I certify that the information stated is true, to the best of my knowledge. I am aware that this information is subject to verification and that I may be asked to provide documentation as proof. I may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information. I understand that this information will be used to determine program eligibility. The personal information I provide is subject to review only to the extent allowed by the Maryland Public Information Act. I have the right to review, amend and correct my personal records. Information submitted to the program may be disclosed to State, Federal or local government agencies, as provided by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Summer Youth Employment  
Eligibility Checklist**  
**(Please submit all documentation at one time)**

**NAME** \_\_\_\_\_ **DATE SUBMITTED** \_\_\_\_\_

**Proof of Residence.** Please submit one of the acceptable documents:

- ☐ MD Driver's License
- ☐ Report Card
- ☐ Postmarked Mail with Applicant's Name and Address
- ☐ MVA non driver's ID Card

**Proof of Social Security Number:** Please submit one of the acceptable documents:

- ☐ Social Security Card
- ☐ W-2 Form
- ☐ DD Form 214
- ☐ Letter from Social Service Agency

**Proof of Age.** Please submit one of the acceptable documents:

- ☐ Driver's License or State issued ID Card
- ☐ Birth Certificate
- ☐ Student ID Card
- ☐ Church Record (Baptismal Certificate)
- ☐ DD Form 214
- ☐ Passport

**Proof of Disability:**

- ☐ Individualized Education Plan (IEP)
- ☐ Other

**Proof of Selective Service (If Applicable):** (All male U.S. Citizens born in 1960 or later who are 18 but not yet 26 years old must be registered. Women are not required to register.)

- ☐ I have verified my registration at [www.sss.gov](http://www.sss.gov). Please print a copy.
- ☐ I am not required to register (I am female or was born before 1960)

**Veteran Status.** All Veterans are required to submit a DD214.

- ☐ DD214 form submitted
- ☐ I am not a veteran (N/A)

**Proof of Citizenship.** Please submit one of the acceptable documents:

- ☐ Birth Certificate
- ☐ U.S. Passport
- ☐ State issued Birth/Health ID Card (if it indicates place of birth)
- ☐ Voter Registration Card
- ☐ Baptismal Certificate (if the place of birth is shown)
- ☐ Hospital Record of Birth (If the U.S. place of birth is shown)
- ☐ Native American Tribal Document
- ☐ Alien Registration Card indicating the right to work (INS Form I-151, I-551, I-94, I-688A, I-97, I-179)
- ☐ DD-214, Report of Discharge (if the place of birth is shown)
- ☐ Naturalization Certificate
- ☐ Foreign Passport (stamped eligible to work)

**Proof of Income** Please submit one of the acceptable documents:

- ☐ TCA/Medical Assistance/ Food stamps award letter
- ☐ Other

**Proof of Being an Offender** Please submit one of the acceptable documents:

- ☐ Court Records
- ☐ Letter from Department of Juvenile Services
- ☐ Other

**Proof of Being a Runaway/Homeless Individual** Please submit one of the acceptable documents:

- ☐ Letter from Shelter
- ☐ Self Attestation
- ☐ Other

**Proof of Being a Parent/Parenting Youth** Please submit one of the acceptable documents:

- ☐ Letter from HC Health Department/Physician stating that you pregnant
- ☐ Child's Birth Certificate

**Howard County Office of Workforce Development  
Summer Youth Employment Program**

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

**Worksite Choice:** (administrative, working outdoors, customer service, IT)

1<sup>st</sup> Choice \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

\_\_\_\_\_

What means of transportation will you use to get to the job interview?

\_\_\_\_\_

What means of transportation will you use to get to work if hired?

\_\_\_\_\_

If accepted into the program we will try to honor your worksite preference but it is **NOT** guaranteed.